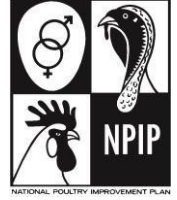




Application For U.S. Avian Influenza and Newcastle Disease Clean Compartment Component Removal



Instructions: Applicants please complete Sections A and B and certify with signature. Then send the form to the OSA which completes Section C and signs. OSA returns form to NPPIP.

A. Background Information. *To be completed by company seeking removal of a component within a certified compartment. Please note that once a component has been successfully removed, it will no longer function as part of the compartment. Adding the component back to the compartment will require recertification using Application Form B.*

Name of Company	
Company Mailing Address	
Name of Contact	
Telephone Number	
Alternate Telephone Number	
Fax Number	
Email Address	
NPIP Classification	U.S. AI Clean <input type="checkbox"/> U.S. H5/H7 AI Clean <input type="checkbox"/> U.S. ND Clean <input type="checkbox"/>
Breed/Type of Poultry	
NPIP Classification Seeking	
Compartment Mailing Address	
Compartment Location (List States Involved)	
Name of Compartment	
Type of Components (F, M, H, and E) to add within Compartment	Farm <input type="checkbox"/> Feedmill <input type="checkbox"/> Hatchery <input type="checkbox"/> Egg Depot <input type="checkbox"/>

B. Reason for Removal. *To be completed by company seeking component removal. To be eligible for removal as a compartment, a justification for removal and a detailed description of how the component removal will affect the rest of the compartment must be provided. Please use the box below. (Note: If component removal will not affect the compartment, please check here .)*

C. Verification. *To be completed by each Official State Agency. Please place a check mark by the answer that applies.*

	YES	NO
Is the component of the compartment part of a company that is a participant in the U.S. H5/H7 Avian Influenza and Newcastle Disease Clean Compartment program and in good standing with the NPIP: U.S. H5/H7 Avian Influenza Clean and Newcastle Disease Clean Programs for Turkey Breeding Flocks?		
Is the component of the compartment part of a company that is a participant in the U.S. Avian Influenza and Newcastle Disease Clean Compartment program and in good standing with the NPIP: U.S. Avian Influenza Clean and Newcastle Disease Clean Programs for Primary Egg-Type Chicken Breeding Flocks?		
Is the component of the compartment part of a company that is a participant in the U.S. Avian Influenza and Newcastle Disease Clean Compartment program and in good standing with the NPIP: U.S. Avian Influenza Clean and Newcastle Disease Clean Programs for Primary Meat-Type Chicken Breeding Flocks?		
Within the company, are all other operations certified as components within the registered compartment part of the U.S. Avian Influenza and Newcastle Disease Clean Compartment program (for egg-type chicken breeding flocks and meat-type chicken breeding flocks) or the U.S. H5/H7 Avian Influenza and Newcastle Disease Clean Compartment (for turkey breeding flocks) and located in a State which has an APHIS-approved Initial State Response and Containment Plan?		

CERTIFICATION OF OFFICIAL STATE AGENCY or AGENCIES

I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. FURTHER, I UNDERSTAND THAT IN THE EVENT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE FOR PUNISHMENT IN ACCORDANCE WITH ALL APPLICABLE LAWS AND STATUTES.

State: _____ State: _____
 Signature: _____ Signature: _____
 Date: _____ Date: _____

State: _____ State: _____
 Signature: _____ Signature: _____
 Date: _____ Date: _____

CERTIFICATION OF APPLICANT

I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF, AND I HAVE OBTAINED ALL NECESSARY OFFICIAL STATE AGENCIES' CERTIFICATION IN C ABOVE. FURTHER, I UNDERSTAND THAT IN THE EVENT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE FOR PUNISHMENT IN ACCORDANCE WITH ALL APPLICABLE LAWS AND STATUTES. FURTHER, I CERTIFY THAT BY COMPLETION OF THIS FORM, THIS COMPONENT OF THE COMPARTMENT WILL HAVE TO GO THROUGH THE RE- APPLICATION PROCESS TO BE FORMALLY RECOGNIZED AS A CERTIFIED COMPONENT.

Signature: _____

Date: _____

Application

A complete application must be sent to:

National Poultry Improvement Plan
USDA, APHIS, VS
1506 Klondike Road
Suite 101
Conyers, GA 30094
Office: 770-922-3496

For Department Use Only

Date

Received: _____ Reviewer: _____

Check Here if Approval Granted for Removal of Component:

Check Here if Approval Denied for Removal of Component:

Signature: _____

If Denied, List Reasons:
